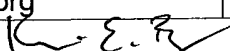


Please type a plus sign (+) in this box

Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No. 14825US02	
		First Inventor Jeyhan Karaoguz	
		Title	Server Architecture Supporting A Personal Media Exchange Network
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 41] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15] 5. Oath or Declaration [Total Pages 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner: Group/Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		23446	
		or <input type="checkbox"/> Correspondence address below	
Name Christopher Winslade			
Address McAndrews, Held & Malloy			
500 West Madison, Suite 3400			
City Chicago	State IL	Zip Code 60661	
Country USA	Telephone (312) 775-8000	Fax (312) 775-8100	
Name (Print/type) Kevin E. Borg		Registration No. (Attorney/Agent) 51,486	
Signature 		Date: 9/30/03	

 22141 U.S. PTO
 10/675443




PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Jeyhan Karaoguz
		Examiner Name	Unassigned
		Group Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT (\$930.00		Attorney Docket No.	14825US02

METHOD OF PAYMENT		FEE CALCULATION (continued)																																													
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews, Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																															
FEE CALCULATION																																															
1. BASIC FILING FEE																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee (\$)</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>740</td><td>2001</td><td>370</td><td>Utility filing Fee</td><td>750.00</td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing Fee</td><td></td></tr><tr><td>1003</td><td>510</td><td>2003</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>740</td><td>2004</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$750.00)</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	1001	740	2001	370	Utility filing Fee	750.00	1002	330	2002	165	Design filing Fee		1003	510	2003	255	Plant filing fee		1004	740	2004	370	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$750.00)				
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																																										
1001	740	2001	370	Utility filing Fee	750.00																																										
1002	330	2002	165	Design filing Fee																																											
1003	510	2003	255	Plant filing fee																																											
1004	740	2004	370	Reissue filing fee																																											
1005	160	2005	80	Provisional filing fee																																											
SUBTOTAL (1)					(\$750.00)																																										
2. EXTRA CLAIM FEES																																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>30 - 20** =</td><td>10 x</td><td>18.00 =</td><td>180.00</td></tr><tr><td>Independent Claims 3 - 3** =</td><td>0 x</td><td>0 =</td><td>0</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	30 - 20** =	10 x	18.00 =	180.00	Independent Claims 3 - 3** =	0 x	0 =	0	Multiple Dependent																																	
Total Claims	Extra Claims	Fee from below	Fee Paid																																												
30 - 20** =	10 x	18.00 =	180.00																																												
Independent Claims 3 - 3** =	0 x	0 =	0																																												
Multiple Dependent																																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee (\$)</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$180.00)</td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$180.00)				
Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																																										
1202	18	2202	9	Claims in excess of 20																																											
1201	84	2201	42	Independent claims in excess of 3																																											
1203	280	2203	140	Multiple dependent claim, if not paid																																											
1204	84	2204	42	**Reissue independent claims over original patent																																											
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																											
SUBTOTAL (2)					(\$180.00)																																										
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																																													
		SUBTOTAL (3) (\$)																																													

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kevin E. Borg	Registration No. (Attorney or Agent)	51,486	Telephone	(312) 775-8000
Signature		Date	September 30, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.